

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

51ATEMENT OF ORGANIZATION FO	ORNI FOR CANDIDATE COMMITTEES
1. Committee ID #: 13749	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election
2. Type of Filing:	and checks this box, the filing requirement of pre, post and annual
Original 7	campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
Amendment to Items: 7A Eff. Date: 4-24-208	
3. Full Name of Committee (must include Candidate's first	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
and last name): JAMEG & PLANT (COMMITTEE TO ELECT) 4a. Candidate Full Name (Last, First, M.I.):	Official Democitation
4a Candidate Full Name (Last. First, M.L.):	a. Official Depository
	a. Official Depository
JAMES E. PLANT	
4b. Political Party (if applicable):	
0.14.67	
4c. County of Residence: BAY	h Secondary Denository
Ad Office Sought (Check and)	
4d. Office Sought (Check one):	
Governor Lt. Governor State Senator	Secondary Depository
State Rep. Sec. of State Attorney Gen.	
State Bd. of Ed. UofM Reg. MSU Trustee	10 T-12 10 11 11 11 11 11 11 11 11 11 11 11 11
	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying
WSU Gov. Supreme Court Appeals Court	contributions or make qualifying expenditures.
Circuit Court District Court Probate Court	dentifications of mane qualifying experiences
Municipal Court WILLIAMS	13. ELECTRONIC FILING: This item applies to committees that file
Local or other please specify: TWI TRUSTEE	with the Michigan Department of State Bureau of Elections only and
4e. District/Circuit # or Jurisdiction:	does not apply to candidates that file with the County Clerk's office.
5. Date Committee was Formed: 7-9-1984 6a. Committee Phone #: (989)662-4248	The Campaign Finance Act requires any committee that files
5. Date Committee was Formed.	with the Secretary of State and spends or receives \$20,000 in the
6a. Committee Phone #: (989)662 -4248	preceding calendar year OR expects to receive or spend \$20,000
(in the current calendar year to file campaign statements
6b. Committee Fax #:	electronically. Merts Plus software is provided to you free of
C. C. wastite C. mail Address.	charge to assist you in meeting this requirement.
6c. Committee E-mail Address	Committee spent or received or expects to spend or receive in
7a. Complete Comm. Mailing Address (May be PO Box):	excess of \$20,000 and is required to file electronically.
4172 S. 11 MILL RUAD	** OR **
7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	Committee did not spend or receive or does not expect to spend
AUBURN, MICHIBAN 48611	or receive in excess of \$20,000 and would like to file electronically
,	voluntarily.
7b. Complete Comm. Street Address (May not be PO Box):	
	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are
(Same)	true, accurate and complete to the best of my/our knowledge or
	belief. If filing electronically, we further agree that the signatures
	below shall serve as the signatures that verify the accuracy and
8. Treasurer Name and Complete Address:	completeness of each statement filed electronically by the committee.
	I/We certify that all reasonable diligence will be used in the
(same)	preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and
[CMMV]	complete to the best of my/our knowledge or belief. (Sign Name
	and Date)
Phone #: (989)662-4248	'
Priorie #: (10 () 00 x - 10 - 18	Candidate:
E-mail Address:	Candidate: James & Man &
9. Designated Record Keeper Name and Complete Address:	<u> </u>
The Grant of the Control of the Cont	Current Treasurer:
	James E Plant
	Jung - 1/100 -
	Described Passed Kassas (Disserted sub-16 500 and a later (19 10)
Phone #:	Designated Record Keeper (Required only if filing electronically):
E-mail Address:	